## PART B - FEE(S) TRANSMITTAL

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CARLSON, GASKEY & OLDS, P.C. 400 WEST MAPLE ROAD SUITE 350						I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mait in an envelope addressed to the Mail Stop ISSUE FeE address above, or being sessible transmitted to the USPTO (571) 273-2885, on the date indicated below.					
BIRMINGHAM, MI 48009											
						Amy M. Malvitz (Depositors notice)					
		H	T COL	ęω	NUC		(Dale)				
				L		uly 9, 2008	·				
APPLICATION NO.	FILING DATE			FIRST NAMED INVENTOR				NEY DOCKET NO.			
10/677,197 10/02/2003				Keith Pound		60130-1660 9611					
TITLE OF INVENTION: SELF-FASTENING GLASS ATTACHMENT CLIP											
APPLN, TYPE	SMALL ENTITY	reerie	FEE DUE	PUBLICATION FEE D	110	PREV. PAID ISSUI	PRE	TOTAL FEE(S) DUE	DATE DUE		
	NO NO	L		\$300		\$0		\$1740	07/23/2008		
nonprovisional NO		\$1440				30		31740	07/23/2008		
EXAM	ART UNIT		CLASS-SUBCLASS								
REDMAN	3634		049-375000								
1. Change of correspondence address or indication of "Fee Address" (37  2. For printing on the patent front page, list CFR 1.363).  (1) the segment of up to 3 projected patent attempts:  1 Carlson, Gaskey & Olds										lds	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
"Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3								
PTO/SB/47; Rev 03-0 Number is required.	2 registered patent listed, no name will	attori l bc p	neys or agents. If printed.	no nam	c is 3						
3. ASSIGNEE NAME A											
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.											
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
ArvinMeritor Technology, LLC Troy, MI											
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government											
4a. The following fee(s)	are submitted:		41	b. Payment of Fee(s): (		se first reapply as	ıy prev	iously paid issue fee	shown above)		
A check is enclosed.  Description Fee (No small entity discount permitted)  Description Fee (No small entity discount permitted)							In atta	ahad			
Advance Order - # of Conies					reby	authorized to char	ge the	equired fec(s), any de	ficiency, or cred	il any	
				overpayment, to D	epos	it Account Numb	er	50-1482 (enclose a	n extra copy of t	ais form).	
<ol> <li>Change in Entity Sta</li> <li>a. Applicant claim</li> </ol>	tus (from status indicate s SMALL ENTITY stat		CFR 1.27.	b. Applicant is no	long	er claiming SMA	LL EN	TITY status, Scc 37 C	R 1.27(g)(2).		
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This collection of inform an application. Confiden submitting the complete this form and/or suggests Box 1450, Alexandria, V Alexandria, Virginia 223	atton is required by 37 C tiality is governed by 35 I application form to the ions for reducing this bu "irginia 22313-1450. DO 13-1450.	FR 1.311, U.S.C. 12 USPTO, rden, shoul NOT SE	The information of the control of th	on is required to obtain 1.14. This collection is depending upon the i e Chief Information O COMPLETED FORM:	or re s esti ndivi ffices S TO	ctain a benefit by to mated to take 12: dual case. Any co r, U.S. Patent and THIS ADDRESS	ne publ minutes omment Traden S, SEN	to which is to file (an to complete, including s on the amount of to lark Office, U.S. Dep of TO: Commissioner	t by the USPTO g gathering, pre ne you require t artment of Comr for Patents, P.O.	to process) paring, and o complete nerce, P.O. Box 1450,	

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